



# District of Columbia NURSING ASSISTANT/ HOME HEALTH AIDE

written (or oral) examination  
& skills evaluation

**CANDIDATE HANDBOOK**

July 2014

# QUICK REFERENCE

---

## AMERICAN RED CROSS (ARC)

### Competency Evaluation Program

1804 North 6th Street

Harrisburg, PA 17102

(888) 399-7729

Fax 1 (866) 257-6506

*Hours of Operation:*

*Monday through Friday*

*8:30 a.m. – 4:30 p.m.*

#### ***Call the American Red Cross to:***

- Obtain a Candidate Handbook
- Obtain an application
- Apply for the examination
- Cancel a scheduled examination
- Arrange special examination requests and services

---

## DC DEPARTMENT OF HEALTH

### DISTRICT OF COLUMBIA

#### **Board of Nursing**

899 North Capitol Street, NE

Suite 200

Washington, DC 20002

(877) 672-2174

Web site: <http://doh.dc.gov/service/health-professionals>

Email: [doh@dc.gov](mailto:doh@dc.gov)

*Hours of Operation:*

*Monday through Friday*

*8:15 a.m. – 4:30 p.m.*

*(Eastern Standard Time)*

#### ***Go to the Board of Nursing Website***

***(<http://doh.dc.gov/bon>) to:***

- View or download the Nurse Assistant & Home Health Aide Candidate Handbook
- Download a copy of the District of Columbia Certified Nurse Assistant Regulations
- Download a copy of District of Columbia Home Health Regulations
- Find a list of Board Approved Nursing Assistant and/or Home Health Aide Programs
- Clarify information about the HHA Registry

- Change your current address or name once you are on the HHA Registry
  - Obtain information regarding endorsement
  - Obtain information on continued certification on the HHA Registry
  - Search the Nurse Assistant Registry
- 

**PEARSON VUE®**  
**District of Columbia NNAAP®**

PO Box 13785  
Philadelphia, PA 19101-3785  
(888) 274-6060

*Hours of Operation*  
*8:00 a.m. – 5:00 p.m.*  
*(Eastern Standard Time)*

***Call Pearson VUE to:***

- Obtain information regarding your Score Report
- Request a duplicate Score Report
- Obtain information regarding the examination
- Clarify information about the Registry
- Change your current address or name prior to examination results being sent to the Registry
- Change your current address or name once you are on the Registry
- Obtain information regarding reciprocity
- Obtain information on continued certification on the Registry

***Go to Pearson VUE's website***

***([www.pearsonvue.com](http://www.pearsonvue.com)) to:***

- Download a Candidate Handbook
- Download an application
- View the Nursing Assistant Practice Written Examination
- Search the Nursing Assistant Registry

Pearson VUE and ARC do not discriminate on the basis of age, sex, race, creed, disabling condition, religion, national origin, or any other protected characteristics.

---

Copyright © 2014 Pearson Education, Inc., or its affiliate(s).  
All Rights Reserved. Pubs\_orders@Pearson.com

NNAAP® Written Exam Content Outline and Practical Skills Listing  
Copyright © 2010-2012 National Council of State Boards of Nursing, Inc. (NCSBN®). All rights reserved.

# TABLE OF CONTENTS

---

<b>QUICK REFERENCE</b> .....	inside front cover
<b>INTRODUCTION</b> .....	1
Criminal Background Check Requirement .....	1
National Nursing Assistant Assessment Program .....	1
NNAAP Exam Overview .....	2
Home Health Aide Program.....	3
HHA Exam Overview.....	3
<b>ELIGIBILITY</b> .....	4
Eligibility Routes for Nursing Assistant.....	4
Eligibility Routes for Home Health Aide .....	5
<b>APPLICATION AND SCHEDULING</b> .....	6
Filling Out an Application .....	6
Exam Fees.....	7
Exam Scheduling.....	8
Admission Letter .....	8
Testing Locations.....	9
Accommodations .....	9
<b>CANCELLATION</b> .....	10
Re-scheduling .....	10
Refunds .....	10
Absence Policy .....	10
Weather Emergencies.....	11
<b>EXAM DAY</b> .....	11
Checking In.....	11
What to Bring .....	11
Proper Identification.....	12
Security and Cheating .....	12
Testing Policies .....	13
Lateness .....	13
Electronic Devices .....	13
Study Aids .....	13
Eating/Drinking/Smoking.....	13
Misconduct.....	13
Guests/Visitors.....	13
<b>THE WRITTEN (OR ORAL) EXAM</b> .....	14
Written Exam .....	14
Oral (English or Spanish) Exam .....	14
<b>WRITTEN (OR ORAL) EXAM CONTENT OUTLINE - NURSING ASSISTANT</b> .....	15

*continued on next page*

<b>WRITTEN (OR ORAL) EXAM CONTENT OUTLINE - HOME HEALTH AIDE.....</b>	<b>16</b>
<b>SAMPLE QUESTIONS.....</b>	<b>17</b>
<b>SELF-ASSESSMENT READING TEST.....</b>	<b>18-21</b>
<b>THE SKILLS EVALUATION.....</b>	<b>22</b>
What to Expect.....	22
Setting.....	22
Who Will Act as a Client?.....	22
Candidate Volunteer Requirements.....	22
Candidate Dress Requirements.....	22
The Tasks.....	23
Recording a Measurement.....	24
Sample of Recording Sheet for Measurement Skills.....	25
Tips for the Skills Evaluation.....	26
<b>SKILLS LISTING.....</b>	<b>27-42</b>
<b>SCORE REPORTING.....</b>	<b>43</b>
Exam Results.....	43
Written (or Oral) Exam.....	43
Skills Evaluation.....	43
Failing.....	43
How to Read a Failing Score Report.....	44
Passing - CNA.....	45
Passing - HHA.....	45
<b>GRIEVANCE PROCESS.....</b>	<b>46</b>
Overview.....	46
Process.....	46
<b>THE CNA REGISTRY.....</b>	<b>47</b>
Change of Address or Name.....	47
Certification Renewal.....	47
<b>THE HHA REGISTRY.....</b>	<b>47</b>
Change of Address or Name.....	47
Certification Renewal.....	48
Registering as a Home Health Aide.....	48
<b>DISTRICT OF COLUMBIA NURSING ASSISTANT FREQUENTLY ASKED QUESTIONS.....</b>	<b>49-52</b>
<b>APPENDIX</b>	
<b>Appendix A:</b> Request for Duplicate Score Report or Handscored Answer Sheet Form	
<b>Appendix B:</b> Change of Address or Name Form	

# INTRODUCTION

---

This handbook is designed for candidates seeking nursing assistant certification and home health aide certification in the District of Columbia. It describes the process of applying for and taking the National Nursing Assistant Assessment Program (NNAAP®) Examination.

The District of Columbia Department of Health, Health Regulation Licensing Administration, has contracted with Pearson VUE®, a nationally recognized leading provider of assessment services to regulatory agencies and national associations, to develop, score, and report the results of the NNAAP Examination for the DC Nursing Assistant Registry. The American Red Cross (ARC) will be working with Pearson VUE to schedule and administer the NNAAP Examination.

## CRIMINAL BACKGROUND CHECK

To be hired as a certified Nurse Assistant or Home Health Aide in the District of Columbia and have direct contact with residents or beneficiaries, you must pass a criminal background check and your name may not appear on any Nurse Assistant abuse registry. See D.C. Law 12-238, the Health-Care Facility Unlicensed Personnel Criminal Background Check Act of 1998, D.C. Official Code 44-551 *et seq.* If you have any questions regarding the criminal background check requirement, please contact the Criminal background Unit of the Health Regulation & Licensing Administration at (202) 442-9004.

## NATIONAL NURSING ASSISTANT ASSESSMENT PROGRAM (NNAAP®)

The Nursing Home Reform Act, adopted by Congress as part of the Omnibus Budget Reconciliation Act of 1987 (OBRA '87), was designed to improve the quality of care in long-term health care facilities and to define training and evaluation standards for nursing assistants who work in such facilities. Each state is responsible for following the terms of this federal law.

The National Nursing Assistant Assessment Program (NNAAP®) is an examination program designed to determine minimal competency to become a certified nurse aide in your state. The NNAAP was developed by the National Council of State Boards of Nursing, Inc., (NCSBN) to meet the nursing assistant evaluation requirement of federal and

state laws and regulations. Pearson VUE is the authorized administrator of the NNAAP in your state.

The NNAAP Examination is an evaluation of nursing assistant-related knowledge, skills, and abilities. The NNAAP Examination is made up of both a Written (or Oral) Examination and a Skills Evaluation. The purpose of the NNAAP Examination is to test that you understand and can safely perform the job of an entry-level nursing assistant.

## **NNAAP EXAM OVERVIEW**

The two parts of the examination process, the Written (or English or Spanish Oral) Examination and the Skills Evaluation, will be administered on the same day. You must pass both parts in order to be certified and listed on the DC Nursing Assistant Registry.

The Written Examination consists of seventy (70) multiple-choice questions written in English. Sample questions are provided in this handbook.

An English or Spanish Oral Examination may be taken in place of the Written Examination if you have difficulty reading English. The English or Spanish Oral Examination consists of sixty (60) multiple-choice questions and ten (10) reading comprehension questions. If you want to take the English or Spanish Oral Examination, you must request it when you submit your application.

At the Skills Evaluation you will be asked to perform five (5) randomly selected nursing assistant skills. You will be given twenty-five (25) minutes to complete the five (5) skills. You will be rated on these skills by a Nursing Assistant Evaluator. A complete listing of the skills is shown on pages 27 to 42.

See *Written (or Oral) Exam* and *Skills Evaluation* for more details on the parts of the NNAAP Examination.

## **HOME HEALTH AIDE PROGRAM (HHA)**

The District of Columbia Home health Aide certification by examination was established July 2012 with the final publication of the Home Health Aide Regulations. The regulations were derived from the revised Health Occupations Revisions Act of 2009, which place Nursing Assistive Personnel (NAP) under the authority of the Board of Nursing. Together with the District of Columbia Department of Health/Board of Nursing, Pearson VUE has developed a testing program called the HHA Program. This program provides an assessment of home health aide knowledge and skills and is designed to determine minimal competency of the home health aide in the District of Columbia.

The examination for the HHA Program consists of the HHA Written Examination together with the NNAAP Skills Evaluation. In order to be eligible to take the HHA Examination, you must have successfully completed a state-approved home health aide training program.

## **HOME HEALTH AIDE EXAM OVERVIEW**

The HHA exam contains two parts: Written (or English Oral) Examination and the Skills Evaluation. The written examination consists of seventy (70) multiple-choice questions written in English. Sample questions are provided in this handbook. An Oral examination may be substituted for the HHA Written Examination. The Oral Examination consists of sixty (60) multiple-choice questions and ten (10) multiple-choice reading comprehension questions. To request an Oral Examination, select the box in the Examination Types and Fees section of the application.

# ELIGIBILITY

---

## ELIGIBILITY ROUTES FOR CNA

You are eligible to apply to take the NNAAP Examination for certification as a nursing assistant in DC if you qualify under one of the following eligibility routes:

*Note: You are permitted three (3) attempts to pass the exam. After a third failure, you must complete another Nurse Assistant training program and submit another application for examination.*

### D1

You have completed a DC Department of Health approved training program within the last twenty-four (24) months and are not currently listed on the DC Nursing Assistant Registry or on a nursing assistant registry in another state. Attach a copy of your training certificate.

### D2

You have completed equivalent practical nursing or registered nursing “Fundamentals of Nursing” course with a clinical component in the USA.

### D3

You are currently an RN or LPN who has been licensed in Washington, DC. Attach a copy of your RN or LPN license. Enter 99990 in *Section 4* of the application.

### D4

You have trained as an RN or LPN outside the United States. Attach a copy of your foreign credentials certification. Enter 99910 in *Section 4* of the application.

### D5

You are taking the NNAAP® Examination for re-application to obtain a current certification after it has expired **LESS** than twenty-four (24) months. Attach a copy of your expired Registry Certificate and enter your Registry Certificate number on *Item 1*. Enter 99995 in *Section 4* of the application.

### D6

You are taking the NNAAP® Examination for re-application to obtain a current certification after it has expired **MORE** than twenty-four (24) months, and have completed a new training program. Attach a copy of your expired Registry Certificate and your new training program certificate and enter your Registry Certificate number in *Section 1* of the application.

## ELIGIBILITY ROUTES FOR HOME HEALTH AIDE

You are eligible to apply to take the HHA Examination for certification as a home health aide in DC if you qualify under one of the following eligibility routes:

*Note: You are permitted three (3) attempts to pass the exam. After the third failure, you must complete another HHA training program and submit another application for examination.*

### H1

You have completed a DC Board of Nursing approved home health aide training program within the last twenty-four (24) months.

### H2

You have completed a CNA to HHA bridge course within the last twenty-four (24) months that was approved by the DC Board of Nursing and you have previously taken and passed the NNAAP Examination. Select the appropriate Examination Types and Fees box to complete only the HHA written (or Oral) examination.

### H3

You have completed a Nurse Assistant program and a HHA bridge course within the last twenty-four (24) months that was approved by the DC Board of Nursing and you have not passed the NNAAP Examination. Select the appropriate Examination Types and Fees box to complete the HHA written and Skills examination

### H4

You have completed a practical or registered nursing “Fundamental of Nursing” course in the United States with a clinical component within the last thirty-six (36) months from the date of application. Submit course description and official transcript in sealed envelope.

Select the appropriate Examination Types and Fees box to complete the HHA written and skills examination

### H5

You have obtained a Commission on Graduates of Foreign Nursing School (CGFNS) certificate within the last thirty-six (36) months from the date of application of certification, indicating education as a registered nurse (RN or licensed practical nurse (LPN) outside the United States. Submit CGFNS certificate. Select the appropriate Examination Types and Fees box to complete the HHA written and skills examination.

# APPLICATION AND SCHEDULING

---

## FILLING OUT AN APPLICATION (BOTH NA AND HHA)

- You may get a registration form from your nursing facility employer or your nursing assistant training program, by calling the American Red Cross or by downloading the application from Pearson VUE's web site.
- Complete the registration form with the assistance of your training program provider, director of nursing, facility administrator, or other employer. Include a copy of your valid training certificate and payment for the examination fee.
- You are responsible for completing the registration form. You may ask someone from your nursing assistant training program or employer for assistance in completing the registration form.
- If you want to take the Oral Examination, you must check "Oral" in box #2 on your registration form.
- If you need help or have any questions about the registration form, please contact an American Red Cross Customer Service Representative at (888) 399-7729.
- Mail your completed registration form, required documents, and appropriate fee **together in one envelope** to:

**American Red Cross**  
**Competency Evaluation Program**  
1804 North 6th Street  
Harrisburg, PA 17102

## EXAM FEES

The fees listed below have been established for the National Nursing Assistant Assessment Program in DC.

NNAAP EXAM		FEE
Written Examination & Skills Evaluation	<i>first time</i>	\$117*
English Oral Examination & Skills Evaluation	<i>first time</i>	\$127*
Spanish Oral Examination & Skills Evaluation (NNAAP only)	<i>first time</i>	\$127*
Written Examination & Skills Evaluation	<i>re-test exam</i>	\$105
English Oral Examination & Skills Evaluation	<i>re-test exam</i>	\$115
Spanish Oral Examination & Skills Evaluation (NNAAP only)	<i>re-test exam</i>	\$115
Written Examination <b>ONLY</b>	<i>re-test exam</i>	\$40
English Oral Examination <b>ONLY</b>		\$50
Spanish Oral Examination <b>ONLY</b> (NNAAP only)		\$50
Skills Evaluation <b>ONLY</b>		\$65

**\* The first time test fee includes a (one-time) \$12 Registry placement fee.**

Payment must be made by certified check, company check or money order only. The check or money order should be made payable to “American Red Cross”. Even if it is from your employer, the company check or certified check must display your name so it can be applied to your examination.

Under federal and District of Columbia laws, nursing homes are required to pay for the NNAAP Examination for their Nurse Assistant employees, including individuals required to re-test. If you are not currently employed as a Nurse Assistant at a nursing home, you may pay the fee yourself.

*Continued on next page*

**Personal checks, cash, and credits cards will not be accepted. Fees are non-refundable and non-transferable once submitted to the American Red Cross because they cover the administrative costs of registration and testing.**

The fees listed below have been established for the Home Health Aide Examination in DC.

HHA EXAM		FEE
Written Examination & Skills Evaluation	<i>first time</i>	\$105
English Oral Examination & Skills Evaluation	<i>first time</i>	\$105
Written Examination & Skills Evaluation	<i>re-test exam</i>	\$105
English Oral Examination & Skills Evaluation	<i>re-test exam</i>	\$105
Written Examination <b>ONLY</b>	<i>re-test exam</i>	\$40
English Oral Examination <b>ONLY</b>		\$40
Skills Evaluation <b>ONLY</b>		\$65

## EXAM SCHEDULING

Testing is scheduled through the American Red Cross. Once the American Red Cross receives your registration form, required documents, and fees, they will schedule you for testing. You will not be scheduled to test until all required materials (registration form, documents, and fees) are received. The American Red Cross will mail your Admission Letter to the address listed on your registration form within two (2) to five (5) business days after they receive your required materials.

## ADMISSION LETTER

Your Admission Letter has important information about the Nurse Assistant or Home health Aide Examination. The date you are scheduled to test and the address of the test location where the examination will be administered is included in that information. If you do not get your letter within ten (10) business days, call the American Red Cross at (888) 399-7729. The American Red Cross is **NOT** responsible for lost, misdirected, or delayed mail.

## TESTING LOCATIONS

The NNAAP Examination is given by the American Red Cross at Regional Test Sites. **The complete testing schedule, titled *Regional Test Sites and Test Schedules*, is available on the Pearson VUE website [www.pearsonvue.com](http://www.pearsonvue.com).**

## ACCOMMODATIONS

Pearson VUE complies with the provisions of the Americans with Disabilities Act as amended. The purpose of accommodations is to provide candidates with full access to the test. Accommodations are not a guarantee of improved performance or test completion. Pearson VUE provides reasonable and appropriate accommodations to individuals with documented disabilities who demonstrate a need for accommodations.

Test accommodations may include things such as:

- A separate testing room
- Extra testing time for the Written/Oral exam
- A Reader or Recorder, for individuals with mobility or vision impairments and cannot read or write on their own

Test accommodations are individualized and considered on a case-by-case basis. All candidates who are requesting accommodations because of a disability must provide appropriate documentation of their condition and how it is expected to affect their ability to take the test under standard conditions. This may include:

- Supporting documentation from the professional who diagnosed the condition, including the credentials that qualify the professional to make this diagnosis
- A description of past accommodations the candidate has received

The steps to follow when requesting test accommodations vary, depending on your test program sponsor. To begin, go to <http://pearsonvue.com/accommodations>, and then select your test program sponsor from the alphabetized list. Candidates who have additional questions concerning test accommodations may contact the ADA Coordinator at [accommodationspearsonvue@pearson.com](mailto:accommodationspearsonvue@pearson.com).

# CANCELLATION

---

If you are unable to attend your examination, ***you must call the American Red Cross at least three (3) business days*** before the examination date to re-schedule (Saturday and Sunday and national holidays are not considered business days). If you do not call the American Red Cross at least three (3) business days in advance of your examination date to re-schedule, and do not show up for your scheduled examination, you will be responsible for the examination fee. Your fee will not be refunded and cannot be transferred to a new examination date, and you may not give your examination date to another person.

- If you notify the American Red Cross in time, there is no penalty, and your fee may be transferred to your new examination date. If your employer paid your examination fee, you should tell them about missing the examination or re-scheduling. Let them know how you have handled re-scheduling and when you plan to re-test.
- If you do not report to the testing location on the day of your scheduled examination, you will be considered a “no-show” and the absence will count as one of the three attempts to pass the examination.

## RE-SCHEDULING

To re-schedule your examination, please call the American Red Cross at (888) 399-7729 weekdays between 8:30 a.m. and 4:30 p.m.

## REFUNDS

Once payment of exam fees is received, **NO REFUNDS WILL BE ISSUED.**

## ABSENCE POLICY

Since unexpected situations sometimes occur, the American Red Cross will consider excusing an absence for a serious illness or an emergency. A request for an excused absence must be submitted at least two (2) business days prior to, or within one (1) day after, the scheduled examination. You may be asked to provide evidence of the situation.

### Acceptable reasons for an excused absence are:

- Illness of yourself or a member of your immediate family
- Death in the family
- Disabling traffic accident
- Court appearance or jury duty
- Military duty

With proper notification, there is no fee for re-scheduling an examination; however, you are only permitted to re-schedule one time.

The American Red Cross's decision regarding whether an absence is excused will be final.

## WEATHER EMERGENCIES

The examination will be delayed or cancelled only in emergencies. If severe weather or a natural disaster makes the test site inaccessible or unsafe, the examination will be delayed or cancelled.

# EXAM DAY

---

## CHECKING IN

You must arrive 30 minutes prior to your scheduled time for BOTH the written and skills examinations. If you are late for the written examination you will not be allowed to test and your fees will not be refunded. If you missed your written examination and are scheduled for a skills evaluation, please arrive 30 minutes prior to your scheduled time. Skills Evaluation test times are approximate. You will be required to check in for both the written and for the skills examinations. You will be required to present proper identification.

## WHAT TO BRING

Be sure to arrive at least thirty (30) minutes prior to your examination. You **MUST** have the following items with you when you take the examination:

- Two (2) forms of signature identification, one of which must be photo identification
- Three (3) No. 2 pencils (sharpened)
- Eraser
- Your Social Security number

*No other materials will be allowed.*

*Continued on next page*

## PROPER IDENTIFICATION

You are required to bring two (2) forms of official, signature-bearing identification to the test site (one of which must be a photo identification). Photocopies of identification will NOT be accepted. Examples of proper identification include:

- Driver's license
- Signature-bearing Social Security card (or affidavit stating that you have applied for your Social Security number. Please Note: Your Social Security number will be required when you renew your certification.)
- Clinic card
- Credit card
- Library card
- State-issued identification card
- Passport
- Alien registration card

The name on your identification must be the same as the name you used on the application to register for the examination. If your name is different, you **MUST** bring proof of your name change (a copy of an official document such as a marriage license or divorce decree) to the test center.

**If you do not bring proper identification, you will not be allowed to test and your examination fee will not be refunded.**

## SECURITY AND CHEATING

If you give help to or receive help from anyone during the examination, the examination will be stopped. The incident will be reported to the DC Board of Nursing for review, and your examination will not be scored (see *Testing Policies*).

All examination questions, each form of the examination, and all other examination materials are copyrighted by, the property of, or licensed to Pearson VUE. Consequently, any distribution of the examination content or materials through any form of reproduction, or through oral or written communication, is strictly prohibited and punishable by law. ***Anyone who removes or tries to remove examination material or information from the test site will be prosecuted.***

## TESTING POLICIES

The following policies are observed at the test site.

### LATENESS

Plan to arrive about thirty (30) minutes before the examination starts. If you are late for your scheduled examination, or do not bring all of your required items (see *What to Bring*), you will **NOT** be allowed to test and your examination fee will **NOT** be returned.

### ELECTRONIC DEVICES

Cellular phones, beepers, or any other electronic devices are not permitted to be used and must be turned off during testing. There is no place for storage of personal belongings at the Regional Test Sites.

### STUDY AIDS

You are not permitted to take personal belongings such as briefcases, large bags, study materials, extra books, or papers into the examination room. Any such materials brought into the examination room will be collected and returned to you when you have completed the examination. Pearson VUE is not responsible for lost or misplaced items.

### EATING/DRINKING/SMOKING

You are not permitted to eat, drink, or smoke during the examination.

### MISCONDUCT

If you cause a disturbance of any kind or engage in any kind of misconduct, you will be dismissed from the examination and reported to your state licensing agency. Decisions regarding disciplinary measures are the responsibility of this agency.

### GUESTS/VISITORS

No guests, visitors, pets, or children are allowed at the Regional Test Sites.

# THE WRITTEN (OR ORAL) EXAM

---

## WRITTEN EXAM

The Nursing Evaluator will hand out materials and give instructions for taking the Written Examination. The Written Examination has seventy (70) multiple-choice questions. You will have two (2) hours to complete the Written Examination. You will be told when fifteen (15) minutes are left to finish. Fill in only one (1) oval on the answer sheet for each question. Markings in the test booklet will not be accepted as answers. Your answers must appear on the separate answer sheet. Sample questions for the Written Examination are located on page 17. You are given two (2) hours to complete the Written exam.

## ORAL (ENGLISH OR SPANISH) EXAM

An Oral Examination may be taken in place of the Written Examination if you have difficulty reading English. You must request an Oral Examination when filling out your application. The Oral Examination is provided on a cassette tape. A cassette player and earphones are provided at the test center. You will be asked to listen to a tape of the Oral Examination and follow along in the test booklet as the questions are read aloud on the tape.

The Oral Examination consists of two (2) parts, and you must pass both parts in order to pass the Oral Examination. The first part of the Oral Examination has sixty (60) multiple-choice questions. Each of these questions is read twice. As each question is read, you will be asked to choose the correct answer and mark it on your answer sheet.

The second part of the Oral Examination has ten (10) multiple-choice questions. These questions test your ability to speak a minimum amount of English by recognizing common words used as a nurse aide in long-term care facilities. Each word is read three (3) times. You are asked to match the word you hear on the tape to the written word in the test booklet. As you find the match, you mark your answer on the answer sheet.

You will be given two (2) hours to complete the Oral exam. You will be told when fifteen (15) minutes remain in order to finish. Fill in only one (1) oval on the answer sheet for each question. You may write in the test booklet, but markings in the test booklet will **NOT** be accepted as answers. Your answers must appear on the separate answer sheet.

# WRITTEN (OR ORAL) EXAM CONTENT OUTLINE - NURSING ASSISTANT

---

The current NNAAP® Examination Content Outline is based on the findings from the *2009 Job Analysis of Nurse Aides* published by NCSBN in spring 2010.

The NNAAP written examination is comprised of 70 multiple-choice items; 10 are pretest items (non-scored) on which statistical information will be collected. The NNAAP oral examination is comprised of 60 multiple-choice items and 10 reading comprehension (word recognition) items. The candidate is allowed to choose between a written and an oral examination.

	<i>% of the exam</i>	<i># of questions in the exam</i>
<b>I. Physical Care Skills</b>		
A. Activities of Daily Living.....	14%	8
1. Hygiene		
2. Dressing and Grooming		
3. Nutrition and Hydration		
4. Elimination		
5. Rest/Sleep/Comfort		
B. Basic Nursing Skills.....	39%	24
1. Infection Control		
2. Safety/Emergency		
3. Therapeutic/Technical Procedures		
4. Data Collection and Reporting		
C. Restorative Skills.....	7%	4
1. Prevention		
2. Self Care/Independence		
<b>II. Psychosocial Care Skills</b>		
A. Emotional and Mental Health Needs .....	11%	6
B. Spiritual and Cultural Needs ....	2%	2
<b>III. Role of the Nurse Aide</b>		
A. Communication.....	8%	5
B. Client Rights .....	7%	4
C. Legal and Ethical Behavior.....	3%	2
D. Member of the Health Care Team .....	9%	5

# WRITTEN (OR ORAL) EXAM CONTENT OUTLINE - HOME HEALTH AIDE

---

The HHA Written Examination is comprised of seventy (70) multiple-choice questions. An Oral Examination may be substituted for the HHA Written Examination. The HHA Oral Examination is also comprised of seventy (70) multiple-choice questions

	<i>% of the exam</i>
<b>I. Physical Care Skills</b>	
A. Activities of Daily Living.....	10%
1. Hygiene	
2. Dressing and Grooming	
3. Nutrition and Hydration	
4. Elimination	
5. Rest/Sleep/Comfort	
B. Basic Nursing Skills.....	27%
1. Infection Control	
2. Safety/Emergency	
3. Therapeutic/Technical Procedures	
4. Data Collection and Reporting	
C. Restorative Skills.....	7%
1. Prevention	
2. Self Care/Independence	
<b>II. Psychosocial Care Skills</b>	
A. Emotional and Mental Health Needs.....	7-8%
B. Spiritual and Cultural Needs.....	3%
<b>III. Role of the Home Health Aide</b>	
A. Communication.....	5%
B. Client Rights .....	5%
C. Legal and Ethical Behavior.....	3%
D. Member of the Health Care Team.....	7-8%
	<b>TOTAL 75%</b>
<b>IV. Unique Duties of the Home Health Aide</b>	
A. Meal Planning and Preparation .....	5%
B. Care of Infants, Children, and Adolescents, Those With Special Needs.....	5%
C. Safety and Home Management .....	7%
D. Care of the Client in the Home.....	8%
	<b>TOTAL 25%</b>

# SAMPLE QUESTIONS

---

The following questions are samples of the kinds of questions that you will find on the Written Examination. Check your answers to these questions in the box below.

- 1. The client's call light should always be placed:**
  - (A) on the bed
  - (B) within the client's reach
  - (C) on the client's right side
  - (D) over the side rail
- 2. Which of the following items is used in the prevention and treatment of bedsores or pressure sores?**
  - (A) rubber sheet
  - (B) air mattress
  - (C) emesis basin
  - (D) restraint
- 3. When caring for a dying client, the nursing assistant should:**
  - (A) keep the client's room dark and quiet
  - (B) allow client to express his feelings
  - (C) change the subject if client talks about death
  - (D) contact the client's minister, priest or rabbi
- 4. What does the abbreviation ADL mean?**
  - (A) Ad Lib
  - (B) As Doctor Likes
  - (C) Activities of Daily Living
  - (D) After Daylight
- 5. After giving a client a back rub, the nursing assistant should always note:**
  - (A) the last time the client had a back rub
  - (B) any change in the client's skin
  - (C) client's weight
  - (D) amount of lotion used
- 6. How should the nursing assistant communicate with a client who has a hearing loss?**
  - (A) face the client when speaking
  - (B) repeat the statement
  - (C) shout so that the client can hear
  - (D) use a high-pitched voice

1. B 2. B 3. B 4. C 5. B 6. A

**Correct Answers**

# SELF-ASSESSMENT READING TEST

---

The two-part Self-Assessment Reading Test that appears below will help you decide if you should consider taking the Oral Examination instead of the Written Examination. To complete the reading test, follow the instructions provided below and select the answer to each question. When you have completed the reading test, you will be able to determine the number of questions you answered correctly.

## PART 1: VOCABULARY

- Circle the best answer to each question.
- When you have finished, check your answers using the answer key on page 21.
- Count up the number of correct answers.
- If your score is less than 17, you may have difficulty reading the Written Examination and should consider taking the Oral Examination.
  - You go to a doctor when you \_\_\_\_\_.**  
(A) feel sleepy      (D) need money  
(B) need socks      (E) need clothes  
(C) feel sick
  - A person who flies an airplane is its \_\_\_\_\_.**  
(A) pilot      (D) surgeon  
(B) steward      (E) director  
(C) mother
  - You use a \_\_\_\_\_ to write.**  
(A) bow      (D) carpenter  
(B) calculator      (E) needle  
(C) pencil
  - To EXIT a room means to \_\_\_\_\_ it.**  
(A) enter      (D) read  
(B) leave      (E) interrupt  
(C) forget
  - A wedding is a joyous \_\_\_\_\_.**  
(A) focus      (D) occasion  
(B) vehicle      (E) civilization  
(C) balloon
  - To REQUIRE something means to \_\_\_\_\_ it.**  
(A) need      (D) understand  
(B) have      (E) hear  
(C) forget

*go to next page*

7. **You \_\_\_\_\_ something to find its length.**  
(A) slice  
(B) lock  
(C) measure  
(D) force  
(E) tape
8. **Soup is served in a \_\_\_\_\_.**  
(A) plate  
(B) bowl  
(C) fork  
(D) chair  
(E) closet
9. **To accompany someone means to \_\_\_\_\_.**  
(A) disagree with him  
(B) work for him  
(C) go with him  
(D) speak to him  
(E) choose him
10. **A nursing home resident receives \_\_\_\_\_ from the staff.**  
(A) quality  
(B) fame  
(C) interruption  
(D) care  
(E) work
11. **Medicine is used to \_\_\_\_\_ pain.**  
(A) widen  
(B) conjure  
(C) enliven  
(D) increase  
(E) relieve
12. **To DRENCH the flowers means to \_\_\_\_\_ them.**  
(A) steam  
(B) drink  
(C) touch  
(D) soak  
(E) anger
13. **A bicycle is a means of \_\_\_\_\_.**  
(A) nourishment  
(B) transportation  
(C) prediction  
(D) collision  
(E) walking
14. **When someone speaks in a whisper, it may be difficult to \_\_\_\_\_.**  
(A) deceive  
(B) understand  
(C) frighten  
(D) estimate  
(E) regulate

*go to next page*

# SELF-ASSESSMENT READING TEST

## PART 2: COMPREHENSION

In this part of the reading test you will be provided with a series of brief paragraphs. You are to read each paragraph and then answer the questions that appear after the paragraph.

There are many different kinds of fish. All fish live in water. They use their tails and fins to swim.

15. **Fish live in \_\_\_\_\_.**
- (A) cups
  - (B) houses
  - (C) air
  - (D) water
  - (E) fountains
16. **Fish use their \_\_\_\_\_ to swim.**
- (A) tails
  - (B) heads
  - (C) gills
  - (D) lungs
  - (E) floats

Maria grew up on a farm. She loved the work on the farm. She knew when all of the crops had to be planted. She would like a job on a farm or in a flower garden.

17. **Maria has had experience as a \_\_\_\_\_.**
- (A) guide
  - (B) farmer
  - (C) driver
  - (D) nurse
  - (E) teacher
18. **She would like to work in \_\_\_\_\_.**
- (A) an office
  - (B) a library
  - (C) a garden
  - (D) a hospital
  - (E) a supermarket
19. **As a child Maria lived \_\_\_\_\_.**
- (A) in the city
  - (B) in an apartment
  - (C) on a farm
  - (D) in a large house
  - (E) on the beach

*go to next page*

Carolyn has a good job. She is a nurse in a large hospital. Every day she can help many people. She enjoys this very much. She also makes a good salary. Each month she can pay her bills and save some money.

20. Carolyn works in a \_\_\_\_\_.
- (A) hospital
  - (B) doctor's office
  - (C) garage
  - (D) school
  - (E) library
21. One of the things Carolyn enjoys is \_\_\_\_\_.
- (A) working in an office
  - (B) helping people
  - (C) reading books
  - (D) working late hours
  - (E) driving a car
22. With her salary she can pay her bills and \_\_\_\_\_.
- (A) buy furniture
  - (B) give to charity
  - (C) save money
  - (D) buy new clothes
  - (E) pay for college

***This completes the  
Self-Assessment Reading Test.***

**Answers**

- |      |       |       |       |
|------|-------|-------|-------|
| 1. C | 7. C  | 13. B | 19. C |
| 2. A | 8. B  | 14. B | 20. A |
| 3. C | 9. C  | 15. D | 21. B |
| 4. B | 10. D | 16. A | 22. C |
| 5. D | 11. E | 17. B |       |
| 6. A | 12. D | 18. C |       |

***If your score is less than 17, you may have difficulty reading the Written Examination and should consider taking the Oral Examination in place of the Written Examination.***

# THE SKILLS EVALUATION

---

## WHAT TO EXPECT

### SETTING

The Skills Evaluation is set up to resemble an actual caregiving situation. The Skills Evaluation area will look similar to your work setting. It will have all the equipment necessary to perform the assigned skills. The Skills Evaluation will be administered by a Nursing Assistant Evaluator. Before your skills evaluation begins, the evaluator will show you where equipment is located and answer questions about operating the equipment.

**Please arrive at the designated test site thirty (30) minutes early. Test times are approximate, so please plan to spend the entire day.**

*See pages 27-42 for the complete skills listing.*

### WHO WILL ACT AS A CLIENT?

The part of the “client” will be ...played by a candidate who volunteers to act as a weakened elderly person. While you perform the skills, speak to the candidate volunteer as you would speak to an actual client in a nursing assistant work setting. You are encouraged to speak to the candidate volunteer not only because it is part of quality care, but also because it will help you to relax as you perform the skills.

### CANDIDATE VOLUNTEER REQUIREMENTS

You will need to act as a candidate volunteer for another nursing assistant’s Skills Evaluation and play the role of a nursing home patient (client). The evaluator will give you verbal instructions that will describe how you should act in performing the role of the client.

### CANDIDATE DRESS REQUIREMENTS

You **must wear flat, slip-on, non-skid shoes**, a loose-fitting top with short sleeves that can be rolled up to the shoulder, or tank top, and loose fitting pants that can be rolled up, or bathing suit. You will be required to put a gown on over your clothing. In no case may candidates remove clothing down to undergarments.

Prior to beginning the exam, you should inform the evaluator of any food or latex allergy or sensitivity to skin soaps or lotion. Any limitations to range of motion must also be communicated to the evaluator prior to the start of the skills examination.

For infection control purposes, you should not come to the test site with open areas/sores on the skin. Candidates with any open areas or sores on their skin should reschedule their skills test to a later date after their skin fully heals.

## THE TASKS

The NNAAP Skills List contains all of the skills that you may be asked to demonstrate during the Skills Evaluation. Each skill represents a task that you will be asked to perform in your job and has been broken down into a series of steps.

A step that is highlighted in *bold type* is called a **Critical Element Step**. Critical Element Steps are important steps that must be performed correctly in order for you to pass the skill. If you leave out a Critical Element Step or do not perform a Critical Element Step properly, you will not pass the skill. However, if you perform only the Critical Element Step correctly in a skill, you do not automatically pass that skill. You must also correctly demonstrate enough steps to meet the passing standard (or *cut score*) for each skill.

Before your Skills Evaluation begins, the Nursing Assistant Evaluator will give you an instruction card that will list the five (5) skills selected for you to perform. Hand-washing will always be one of the skills to be performed. The remaining four (4) skills are randomly chosen from the complete set of skills listings on pages 27 to 42 of this handbook. You are strongly encouraged to perform the skills in the order they are listed on the instruction card.

If you make a mistake, say so, and you will be instructed to tell the evaluator which step(s) is to be corrected and then to perform the step(s). You will not have to redo the entire skill, just the steps you wish to correct. There are, however, some exceptions to this rule. If you fail to put on gloves or take them off when it is required to do so and the evaluator reminds you to do so, for infection control purposes, then you will not receive credit for attempting to correct this step. If you wish to correct an order-dependent step (a step stating that an action should be performed **before** or **after** another step) and you fail to say **when** the corrected step should be performed, you will not receive credit for the correction.

Once you begin a new skill, you may not go back to correct a previous skill. The Nursing Assistant Evaluator will not answer questions **during** the Skills Evaluation and will not tell you whether you performed a skill correctly. You may not receive help from anyone during the Skills Evaluation. If you do have any questions, please ask them before the Skills Evaluation begins.

One (1) of the four (4) randomly-selected skills will include a measurement skill (see the section below, *Recording A Measurement*, for more information regarding measurement skills).

*You must successfully complete five (5) out of the five (5) skills in the skill form to pass the Skills Evaluation.* You will have twenty-five (25) minutes to demonstrate all five (5) skills.

**When you have completed your skills evaluation, the evaluator will direct you to wash your hands. Although this will not effect your examination results, for the purposes of infection control, you must wash your hands.**

## RECORDING A MEASUREMENT

The NNAAP Skills Evaluation requires every candidate to perform one measurement skill, such as blood pressure, radial pulse, respirations, urine output, or weight. You will be given a special form, called a Recording Sheet for Measurement Skills, to write down, or *record*, the measurement. For example, if performing the *Measures and Records Blood Pressure* skill, you will write the complete systolic and diastolic pressures of your blood pressure reading in a box labeled Candidate Results.

On the following page is a copy of the recording sheet that will be used during the skills exam. The candidate must record his/her results in the Candidate Results box on this sheet. This sheet will be used to record the results of the following measurement skills:

- Measures and Records Blood Pressure
- Measures and Records Weight of Ambulatory Client
- Measures and Records Urinary Output
- Counts and Records Radial Pulse
- Counts and Records Respirations



## RECORDING SHEET FOR MEASUREMENT SKILLS

Date \_\_\_\_\_

Test Site ID \_\_\_\_\_

**CANDIDATE NAME** \_\_\_\_\_

**CANDIDATE ID** \_\_\_\_\_

**EVALUATOR NAME** \_\_\_\_\_

**EVALUATOR ID** \_\_\_\_\_

**SAMPLE**

### SKILL TESTED

*Evaluator must check one box next to the skill being tested.*

Blood Pressure

Respirations

Urine Output

Radial Pulse

Weight

<b>CANDIDATE RESULTS</b>	<b>EVALUATOR RESULTS</b>



## TIPS FOR THE SKILLS EVALUATION

- You will be expected to perform the skills as you would in a nursing home setting. When water is required, you must use running water. All candidates will be required to perform the *Hand Hygiene* skill. The evaluator will inform you after you have washed your hands for the first time that you should just tell him or her when you would wash your hands during your performance of the rest of the skills, rather than actually washing them for each skill. For all steps other than hand-washing, you must actually perform the skill in order to receive credit. You may not simply tell the evaluator what you would do for simulating a step. For example, you may not simply tell the evaluator that you would wash the client. You must actually demonstrate washing the client. You may not simply tell the evaluator that you would feed the client. You must actually demonstrate feeding the client.
- After you have introduced yourself to the client for the first time, it is not necessary for you to introduce yourself each time you begin a new skill.
- To receive full credit for a measurement skill, you must accurately make the required measurement and then write that measurement on the *Recording Sheet for Measurement Skills*. The evaluator will provide the Recording Sheet to you at the test site. A sample of the Recording Sheet is shown on page 25 of this handbook. You are encouraged to become familiar with the Recording Sheet before your scheduled test date.
- You must know how to operate both a standing and a non-digital bathroom scale and must know how to set both types of scales to zero.
- You **may not bring** any of your own equipment to the test site (i.e. transfer/gait belt).
- It is important for you to place the call signal within the client's reach whenever you leave the client.
- *Where the word "client" appears, it refers to the person receiving care.*

# SKILLS LISTING

---

The 22 skills that follow are arranged in alphabetical order, except for the *Hand Hygiene (Hand Washing)* skill. Hand Hygiene is listed first as a reminder of the importance of performing this skill before all other skills. The numbered lines below each skill are the steps needed to perform that skill. Critical Element Steps are in bold type.

## HAND HYGIENE (HAND WASHING)

- 1 Address client by name and introduces self to client by name
- 2 Turns on water at sink
- 3 Wets hands and wrists thoroughly
- 4 Applies soap to hands
- 5 **Lathers all surfaces of wrists, hands, and fingers producing friction, for at least 20 (twenty) seconds, keeping hands lower than the elbows and the fingertips down**
- 6 Cleans fingernails by rubbing fingertips against palms of the opposite hand
- 7 **Rinse all surfaces of wrists, hands, and fingers, keeping hands lower than the elbows and the fingertips down**
- 8 Uses clean, dry paper towel/towels to dry all surfaces of hands, wrists, and fingers then disposes of paper towel/towels into waste container
- 9 Uses clean, dry paper towel/towels to turn off faucet then disposes of paper towel/towels into waste container or uses knee/foot control to turn off faucet
- 10 Does not touch inside of sink at any time

## APPLIES ONE KNEE-HIGH ELASTIC STOCKING

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen, or door
- 3 Client is in supine position (lying down in bed) while stocking is applied
- 4 Turns stocking inside-out, at least to the heel
- 5 Places foot of stocking over toes, foot, and heel
- 6 Pulls top of stocking over foot, heel, and leg
- 7 Moves foot and leg gently and naturally, avoiding force and over-extension of limb and joints

*Skill continues*

- 8 **Finishes procedure with no twists or wrinkles and heel of stocking, if present, is over heel and opening in toe area (if present) is either over or under toe area**
- 9 Signaling device is within reach and bed is in low position
- 10 After completing skill, wash hands

## **ASSISTS TO AMBULATE USING TRANSFER BELT**

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 **Before assisting to stand, client is wearing shoes**
- 3 Before assisting to stand, bed is at a safe level
- 4 Before assisting to stand, checks and/or locks bed wheels
- 5 **Before assisting to stand, client is assisted to sitting position with feet flat on the floor**
- 6 Before assisting to stand, applies transfer belt securely at the waist over clothing/gown
- 7 Before assisting to stand, provides instructions to enable client to assist in standing including prearranged signal to alert client to begin standing
- 8 Stands facing client positioning self to ensure safety of candidate and client during transfer. Counts to three (or says other prearranged signal) to alert client to begin standing
- 9 On signal, gradually assists client to stand by grasping transfer belt on both sides with an upward grasp (candidate's hands are in upward position), and maintaining stability of client's legs
- 10 Walks slightly behind and to one side of client for a distance of ten (10) feet, while holding onto the belt
- 11 After ambulation, assists client to bed and removes transfer belt
- 12 Signaling device is within reach and bed is in low position
- 13 After completing skill, wash hands

## **ASSISTS WITH USE OF BEDPAN**

- 1 Explains procedure speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen, or door
- 3 Before placing bedpan, lowers head of bed
- 4 Puts on clean gloves before handling bedpan
- 5 Places bedpan correctly under client's buttocks**
- 6 Removes and disposes of gloves (without contaminating self) into waste container and washes hands
- 7 After positioning client on bedpan and removing gloves, raises head of bed
- 8 Toilet tissue is within reach
- 9 Hand wipe is within reach and client is instructed to clean hands with hand wipe when finished
- 10 Signaling device within reach and client is asked to signal when finished
- 11 Puts on clean gloves before removing bedpan
- 12 Head of bed is lowered before bedpan is removed
- 13 Avoids overexposure of client
- 14 Empties and rinses bedpan and pours rinse into toilet
- 15 After rinsing bedpan, places bedpan in designated dirty supply area
- 16 After placing bedpan in designated dirty supply area, removes and disposes of gloves (without contaminating self) into waste container and washes hands
- 17 Signaling device is within reach and bed is in low position

## **CLEANS UPPER OR LOWER DENTURE**

- 1 Puts on clean gloves before handling denture
- 2 Bottom of sink is lined and/or sink is partially filled with water before denture is held over sink
- 3 Rinses denture in moderate temperature running water before brushing them
- 4 Applies toothpaste to toothbrush
- 5 Brushes surfaces of denture
- 6 Rinses surfaces of denture under moderate temperature running water
- 7 Before placing denture into cup, rinses denture cup and lid
- 8 Places denture in denture cup with moderate temperature water/solution and places lid on cup

*Skill continues*

- 9 Rinses toothbrush and places in designated toothbrush basin/container
- 10 Maintains clean technique with placement of toothbrush and denture
- 11 Sink liner is removed and disposed of appropriately and/or sink is drained
- 12 After rinsing equipment and disposing of sink liner, removes and disposes of gloves (without contaminating self) into waste container and washes hands

## COUNTS AND RECORDS RADIAL PULSE

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Places fingertips on thumb side of client's wrist to locate radial pulse
- 3 Count beats for one full minute
- 4 Signaling device is within reach
- 5 Before recording, washes hands
- 6 After obtaining pulse by palpating in radial artery position, records pulse rate within plus or minus 4 beats of evaluator's reading**

## COUNTS AND RECORDS RESPIRATIONS

- 1 Explains procedure (for testing purposes), speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Counts respirations for one full minute
- 3 Signaling device is within reach
- 4 Washes hands
- 5 Records respiration rate within plus or minus 2 breaths of evaluator's reading**

## **DONNING AND REMOVING PPE (GOWN AND GLOVES)**

- 1 Picks up gown and unfolds
- 2 Facing the back opening of the gown places arms through each sleeve
- 3 Fastens the neck opening
- 4 Secures gown at waist making sure that back of clothing is covered by gown (as much as possible)
- 5 Puts on gloves
- 6 Cuffs of gloves overlap cuffs of gown
- 7 **Before removing gown, with one gloved hand, grasps the other glove at the palm, remove glove**
- 8 **Slips fingers from ungloved hand underneath cuff of remaining glove at wrist, and removes glove turning it inside out as it is removed**
- 9 Disposes of gloves into designated waste container without contaminating self
- 10 After removing gloves, unfastens gown at neck and waist
- 11 After removing gloves, removes gown without touching outside of gown
- 12 While removing gown, holds gown away from body without touching the floor, turns gown inward and keeps it inside out
- 13 Disposes of gown in designated container without contaminating self
- 14 After completing skill, washes hands

## **DRESSES CLIENT WITH AFFECTED (WEAK) RIGHT ARM**

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen, or door
- 3 Asks which shirt he/she would like to wear and dresses him/her in shirt of choice
- 4 While avoiding overexposure of client, removes gown from the unaffected side first, then removes gown from the affected side and disposes of gown into soiled linen container
- 5 **Assists to put the right (affected/weak) arm through the right sleeve of the shirt before placing garment on left (unaffected) arm**
- 6 While putting on shirt, moves body gently and naturally, avoiding force and over-extension of limbs and joints

*Skill continues*

- 7 Finishes with clothing in place
- 8 Signaling device is within reach and bed is in low position
- 9 After completing skill, washes hands

## **FEEDS CLIENT WHO CANNOT FEED SELF**

- 1 Explains procedure to client, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Before feeding, looks at name card on tray and asks client to state name
- 3 Before feeding client, client is in an upright sitting position (75-90 degrees)**
- 4 Places tray where the food can be easily seen by client
- 5 Candidate cleans client's hands with hand wipe before beginning feeding
- 6 Candidate sits facing client during feeding
- 7 Tells client what foods are on tray and asks what client would like to eat first
- 8 Using spoon, offers client one bite of each type of food on tray, telling client the content of each spoonful
- 9 Offers beverage at least once during meal
- 10 Candidate asks client if they are ready for next bite of food or sip of beverage
- 11 At end of meal, candidate cleans client's mouth and hands with wipes
- 12 Removes food tray and places tray in designated dirty supply area
- 13 Signaling device is within client's reach
- 14 After completing skill, washes hands

## **GIVES MODIFIED BED BATH (FACE AND ONE ARM, HAND AND UNDERARM)**

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen, or door
- 3 Removes gown and places in soiled linen container, while avoiding overexposure of the client
- 4 Before washing, checks water temperature for safety and comfort and asks client to verify comfort of water
- 5 Puts on clean gloves before washing client
- 6 Beginning with eyes, washes eyes with wet washcloth (no soap), using a different area of the washcloth for each stroke, washing inner aspect to outer aspect then proceeds to wash face**
- 7 Dries face with towel
- 8 Exposes one arm and places towel underneath arm
- 9 Applies soap to wet washcloth
- 10 Washes arm, hand, and underarm keeping rest of body covered
- 11 Rinses and dries arm, hand, and underarm
- 12 Moves body gently and naturally, avoiding force and over-extension of limbs and joints
- 13 Puts clean gown on client
- 14 Empties, rinses, and dries basin
- 15 After rinsing and drying basin, places basin in designated dirty supply area
- 16 Disposes of linen into soiled linen container
- 17 Avoids contact between candidate clothing and used linens
- 18 After placing basin in designated dirty supply area, and disposing of used linen, removes and disposes of gloves (without contaminating self) into waste container and washes hands
- 19 Signaling device is within reach and bed is in low position

## MEASURES AND RECORDS BLOOD PRESSURE

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Before using stethoscope, wipes bell/diaphragm and earpieces of stethoscope with alcohol
- 3 Client's arm is positioned with palm up and upper arm is exposed
- 4 Feels for brachial artery on inner aspect of arm, at bend of elbow
- 5 Places blood pressure cuff snugly on client's upper arm, with sensor/arrow over brachial artery site
- 6 Earpieces of stethoscope are in ears and bell/diaphragm is over brachial artery site
- 7 Candidate inflates cuff between 160 mm Hg to 180 mm Hg. If beat heard immediately upon cuff deflation, completely deflate cuff. Re-inflate cuff to no more than 200 mm Hg
- 8 Deflates cuff slowly and notes the **first** sound (systolic reading), and **last** sound (diastolic reading) (If rounding needed, measurements are rounded **UP** to the nearest 2 mm of mercury)
- 9 Removes cuff
- 10 Signaling device is within reach
- 11 Before recording, washes hands
- 12 **After obtaining reading using BP cuff and stethoscope, records both systolic and diastolic pressures each within plus or minus 8 mm of evaluator's reading**

## MEASURES AND RECORDS URINARY OUTPUT

- 1 Puts on clean gloves before handling bedpan
- 2 Pours the contents of the bedpan into measuring container without spilling or splashing urine outside of container
- 3 Measures the amount of urine at eye level with container on flat surface
- 4 After measuring urine, empties contents of measuring container into toilet
- 5 Rinses measuring container and pours rinse into toilet
- 6 Rinses bedpan and pours rinse into toilet
- 7 After rinsing equipment, and before recording output, removes and disposes of gloves (without contaminating self) into waste container and washes hands
- 8 Records contents of container within plus or minus 25 ml/cc of evaluator's reading**

## MEASURES AND RECORDS WEIGHT OF AMBULATORY CLIENT

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Client has shoes on before walking to scale
- 3 Before client steps on scale, candidate sets scale to zero then obtains client's weight
- 4 While client steps onto scale, candidate stands next to scale and assists client, if needed, onto center of scale
- 5 While client steps off scale, candidate stands next to scale and assists client, if needed, off scale before recording weight
- 6 Before recording, washes hands
- 7 Records weight based on indicator on scale. Weight is within plus or minus 2 lbs of evaluator's reading (If weight recorded in kg weight is within plus or minus 0.9 kg of evaluator's reading)**

## **PERFORMS MODIFIED PASSIVE RANGE OF MOTION (PROM) FOR ONE KNEE AND ONE ANKLE**

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen, or door
- 3 Instructs client to inform candidate if pain is experienced during exercise
- 4 Supports leg at knee and ankle while performing range of motion for knee
- 5 Bends the knee and then returns leg to client's normal position (extension/flexion) (AT LEAST 3 TIMES unless pain is verbalized)
- 6 Supports foot and ankle close to the bed while performing range of motion for ankle
- 7 Pushes/pulls foot toward head (dorsiflexion), and pushes/pulls foot down, toes point down (plantar flexion) (AT LEAST 3 TIMES unless pain is verbalized)
- 8 While supporting the limb, moves joints gently, slowly, and smoothly through the range of motion, discontinuing exercise if client verbalizes pain**
- 9 Signaling device is within reach and bed is in low position
- 10 After completing skill, washes hands

## PERFORMS MODIFIED PASSIVE RANGE OF MOTION (PROM) FOR ONE SHOULDER

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen, or door
- 3 Instructs client to inform candidate if pain experienced during exercise
- 4 Supports client's upper and lower arm while performing range of motion for shoulder
- 5 **Raises client's straightened arm from side position upward toward head to ear level and returns arm down to side of body (flexion/extension) (AT LEAST 3 TIMES unless pain is verbalized). Supporting the limb, moves joint gently, slowly, and smoothly through the range of motion, discontinuing exercise if client verbalizes pain**
- 6 **Moves client's straightened arm away from the side of body to shoulder level and returns to side of body (abduction/adduction) (AT LEAST 3 TIMES unless pain is verbalized). Supporting the limb, moves joint gently, slowly, and smoothly through the range of motion, discontinuing exercise if client verbalizes pain**
- 7 Signaling device is within reach and bed is in low position
- 8 After completing skill, washes hands

## POSITIONS ON SIDE

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen, or door
- 3 Before turning, lowers head of bed
- 4 Raises side rail on side to which body will be turned
- 5 Slowly rolls onto side as one unit toward raised side rail
- 6 Places or adjusts pillow under head for support
- 7 Candidate positions client so that client is not lying on arm
- 8 Supports top arm with supportive device
- 9 Places supportive device behind client's back
- 10 Places supportive device between legs with top knee flexed; knee and ankle supported
- 11 Signaling device is within reach and bed is in low position
- 12 After completing skill, washes hands

## PROVIDES CATHETER CARE FOR FEMALE

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen, or door
- 3 Before washing, checks water temperature for safety and comfort and asks client to verify comfort of water
- 4 Puts on clean gloves before washing
- 5 Places linen protector under perineal area before washing
- 6 Exposes area surrounding catheter while avoiding overexposure of client
- 7 Applies soap to wet washcloth
- 8 While holding catheter at meatus without tugging, cleans at least four inches of catheter from meatus, moving in only one direction (i.e., away from meatus) using a clean area of the cloth for each stroke**
- 9 While holding catheter at meatus without tugging, rinses at least four inches of catheter from meatus, moving only in one direction, away from meatus, using a clean area of the cloth for each stroke**
- 10 While holding catheter at meatus without tugging, dries at least four inches of catheter moving away from meatus
- 11 Empties, rinses, and dries basin
- 12 After rinsing and drying basin, places basin in designated dirty supply area
- 13 Disposes of used linen into soiled linen container and disposes of linen protector appropriately
- 14 Avoids contact between candidate clothing and used linen
- 15 After disposing of used linen and cleaning equipment, removes and disposes of gloves (without contaminating self) into waste container and washes hands
- 16 Signaling device is within reach and bed is in low position

## **PROVIDES FOOT CARE ON ONE FOOT**

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen, or door
- 3 Before washing, checks water temperature for safety and comfort and asks client to verify comfort of water
- 4 Basin is in a comfortable position for client and on protective barrier
- 5 Puts on clean gloves before washing foot
- 6 Client's bare foot is placed into the water
- 7 Applies soap to wet washcloth
- 8 Lifts foot from water and washes foot (including between the toes)
- 9 Foot is rinsed (including between the toes)
- 10 Dries foot (including between the toes)
- 11 Applies lotion to top and bottom of foot, removing excess (if any) with a towel
- 12 Supports foot and ankle during procedure
- 13 Empties, rinses, and dries basin
- 14 After rinsing and drying basin, places basin in designated dirty supply area
- 15 Disposes of used linen into soiled linen container
- 16 After cleaning foot and equipment, and disposing of used linen, removes and disposes of gloves (without contaminating self) into waste container and washes hands
- 17 Signaling device is within reach

## PROVIDES MOUTH CARE

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen, or door
- 3 Before providing mouth care, client is in upright sitting position (75-90 degrees)
- 4 Puts on clean gloves before cleaning mouth
- 5 Places clothing protector across chest before providing mouth care
- 6 Secures cup of water and moistens toothbrush
- 7 Before cleaning mouth, applies toothpaste to moistened toothbrush
- 8 Cleans mouth (including tongue and surfaces of teeth), using gentle motions**
- 9 Maintains clean technique with placement of toothbrush
- 10 Candidate holds emesis basin to chin while client rinses mouth
- 11 Candidate wipes mouth and removes clothing protector
- 12 After rinsing toothbrush, empty, rinse and dry the basin and place used toothbrush in designated basin/container
- 13 Places basin and toothbrush in designated dirty supply area
- 14 Disposes of used linen into soiled linen container
- 15 After placing basin and toothbrush in designated dirty supply area, and disposing of used linen, removes and disposes of gloves (without contaminating self) into waste container and washes hands
- 16 Signaling device is within reach and bed is in low position

## **PROVIDES PERINEAL CARE (PERI-CARE) FOR FEMALE**

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen, or door
- 3 Before washing, checks water temperature for safety and comfort and asks client to verify comfort of water
- 4 Puts on clean gloves before washing perineal area
- 5 Places pad/ linen protector under perineal area before washing
- 6 Exposes perineal area while avoiding overexposure of client
- 7 Applies soap to wet washcloth
- 8 Washes genital area, moving from front to back, while using a clean area of the washcloth for each stroke**
- 9 Using clean washcloth, rinses soap from genital area, moving from front to back, while using a clean area of the washcloth for each stroke**
- 10 Dries genital area moving from front to back with towel
- 11 After washing genital area, turns to side, then washes and rinses rectal area moving from front to back using a clean area of washcloth for each stroke. Dries with towel**
- 12 Repositions client
- 13 Empties, rinses, and dries basin
- 14 After rinsing and drying basin, places basin in designated dirty supply area
- 15 Disposes of used linen into soiled linen container and disposes of linen protector appropriately
- 16 Avoids contact between candidate clothing and used linen
- 17 After disposing of used linen, and placing used equipment in designated dirty supply area, removes and disposes of gloves (without contaminating self) into waste container and washes hands
- 18 Signaling device is within reach and bed is in low position

## **TRANSFERS FROM BED TO WHEELCHAIR USING TRANSFER BELT**

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen, or door
- 3 Before assisting to stand, wheelchair is positioned along side of bed, at head of bed facing foot or foot of bed facing head
- 4 Before assisting to stand, footrests are folded up or removed
- 5 Before assisting to stand, bed is at a safe level
- 6 Before assisting to stand, locks wheels on wheelchair**
- 7 Before assisting to stand, checks and/or locks bed wheels
- 8 Before assisting to stand, client is assisted to a sitting position with feet flat on the floor**
- 9 Before assisting to stand, client is wearing shoes
- 10 Before assisting to stand, applies transfer belt securely at the waist over clothing/gown
- 11 Before assisting to stand, provides instructions to enable client to assist in transfer including prearranged signal to alert when to begin standing
- 12 Stands facing client positioning self to ensure safety of candidate and client during transfer. Counts to three (or says other prearranged signal) to alert client to begin standing
- 13 On signal, gradually assists client to stand by grasping transfer belt on both sides with an upward grasp (candidate's hands are in upward position) and maintaining stability of client's legs
- 14 Assists client to turn to stand in front of wheelchair with back of client's legs against wheelchair
- 15 Lowers client into wheelchair
- 16 Positions client with hips touching back of wheelchair and transfer belt is removed
- 17 Positions feet on footrests
- 18 Signaling device is within reach
- 19 After completing skill, washes hands

# SCORE REPORTING

---

## EXAM RESULTS

### WRITTEN (OR ORAL) EXAM

After you finish the Written (or English or Spanish Oral) Examination, the Nursing Evaluator will fax your answer sheet for scoring. (Note: There is no Spanish exam for the Home Health Aide.) After the answer sheet is faxed, it will be scored and you will receive an official Score Report. The Score Report will indicate whether you have passed or failed the Written (or Oral) Examination.

### SKILLS EVALUATION

The Nursing Evaluator will also fax your Skills Evaluation results for scoring. After the Nursing Assistant/Home Health Aide Evaluator evaluates your performance, he or she will fax the Skills Evaluation answer sheet for scoring. An official Score Report will be faxed back to the test center and will indicate whether you have passed or failed the Skills Evaluation.

Although technical difficulties are infrequent, Score Reports occasionally may not be received at the test center on the day of testing. If this happens, your answer sheet will be mailed to Pearson VUE for handscoring. Your Score Report will then be mailed to you within 5-7 business days after testing. For questions regarding delayed Score Reports, please contact Pearson VUE at (888) 274-6060.

**Results will not be given over the telephone.**

## FAILING

If you fail the Written (or Oral) Examination or the Skills Evaluation, your Score Report will provide you with information on how to re-take either or both parts. A new examination fee is required each time you re-take any part of the NNAAP or HHA Examination. To re-take either or both parts, you must submit an original completed registration form and a re-take fee. For re-take fees and information, refer to the *Application & Scheduling* section in this handbook.

State and federal regulations allow you three (3) attempts to pass both the Skills Evaluation and the Written (or Oral) Examination. If you should fail either part or both parts three (3) times, you will be required to successfully complete a Board-approved training program and re-take both parts. You must take and pass both the Written (or

Oral) Examination and the Skills Evaluation within a twenty-four (24) month period in order to receive certification as a DC Nurse Assistant or Home Health Aide.

## HOW TO READ A FAILING SCORE REPORT

If you do not pass the Skills Evaluation, you will receive a Failing Score Report. The score report will list the five (5) skills that you performed and a score of *Satisfactory* or *Unsatisfactory* for each skill. Any skill with an *Unsatisfactory* result is considered a failed skill. You must receive a *Satisfactory* result on all five (5) skills in order to pass the Skills Evaluation.

Use your failing Score Report as an aid in studying to re-take the Skills Evaluation. A failed skill will show the reason for the failure. You may not have performed the steps of a skill correctly, or you may have forgotten a step, especially a Critical Element Step.

The failing Score Report will list steps that were missed or incorrect—look for numbers printed directly under a skill marked *Unsatisfactory*. A list of all the skills and the steps needed for each skill can be found in this handbook. Find the skill you failed, and study the steps, especially steps listed as *Unsatisfactory* on the score report.

In the example below, a candidate received a result of *Unsatisfactory* on the skill *Hand Hygiene*. The numbers 1, 5, and 10 printed below the skill refer to steps that were missed or performed incorrectly. To study for re-taking the Skills Evaluation, this candidate should turn to the Skills Listing in this handbook, look for the *Hand Hygiene* skill, and review all the steps, especially steps 1, 5, and 10.

**District of Columbia NNAAP®  
Examination Results**

**Exam: Skills**

**Result: Fail**

**Skills Performance:**

**Hand Hygiene** **Unsatisfactory**  
1, 5, 10

**Positions on Side** **Satisfactory**

**Measures and Records  
Blood Pressure** **Satisfactory**

**Puts One Knee-High  
Elastic Stocking on Client** **Satisfactory**

**Measures and Records  
Weight of Ambulatory Client** **Satisfactory**

*A sample of a Failing Score Report*

## **PASSING - CNA**

Once you have passed both the Written (or Oral English or Spanish) Examination and the Skills Evaluation, your name will be placed on the DC Nursing Assistant Registry. A Registry Certificate (also known as a Notice of Enrollment) will be mailed to you by Pearson VUE and will arrive approximately three (3) weeks after you successfully complete both the Written (or Oral English or Spanish) Examination and the Skills Evaluation. You must show this card to your employer. ***Do not make any changes to your Registry Certificate. Any changes to the Registry Certificate could affect your status as a nursing assistant.***

**NOTE:** *Certification is valid for the time period indicated on the certificate and will expire if not renewed.*

## **PASSING - HHA**

Once you have passed both the Written (or Oral English) Examination and the Skills Evaluation, you may apply to the DC Board of Nursing for certification as a HHA. You may request an application by calling 1-877-672-2174 or download the application from <http://doh.dc.gov/bon>. Once your application has been approved, you will receive a paper copy of the certification and the DC Health Professional Licensing Administration's online database will also indicate your certification.

**NOTE:** *Certification is valid for the time period indicated on the certificate and will expire if not renewed.*

# GRIEVANCE PROCESS

---

## OVERVIEW

Each candidate has a right to file a grievance to complain or contest the results of their Nursing Assistant Exam. The American Red Cross of the Susquehanna Valley (ARCSV) will follow-up on each grievance within thirty (30) days of the receipt of the candidate grievance letter.

No grievance will be investigated if it is not received in writing by the American Red Cross.

## PROCESS

All candidates with a grievance should call the American Red Cross of the Susquehanna Valley customer service center. The customer service representatives will do their best to address the concerns of the candidate. If the candidate is not satisfied with the results of this conversation, the customer service representative will offer to mail a grievance form to the candidate.

The candidate must complete the grievance form in its entirety providing as much detail as possible and return it, **and** a copy of the candidate's failed score report, to the ARCSV within thirty (30) calendar days of their exam date.

After receipt of the completed grievance form, the appropriate In-State RN Coordinator will investigate the complaint on the form. This coordinator will lead the investigation into the complaint. This investigation may include following up with the Evaluator that conducted the exam and with Pearson VUE for detailed test results.

Once the investigation is complete, the In-State Coordinator will draft a letter back to the candidate informing him/her of the outcome of the investigation. If an error was made by the evaluator, ARCSV, or Pearson VUE, the candidate will be allowed to retest at no additional cost.

A copy of the original grievance letter along with the results of the investigation will be forwarded to the appropriate state agency and to Pearson VUE.

# THE CNA REGISTRY

---

## CHANGE OF ADDRESS OR NAME

To change your name or address, use the *Change of Address or Name Form* in the back of this handbook, or send a letter to the DC Nursing Assistant Registry (see address on the *Change of Address or Name Form*) informing them of the change. Failure to inform the Registry of an address change may jeopardize your certification status. Be sure to list both the old information and the updated information, including your name, address, Social Security number, and telephone number. *Name changes MUST be accompanied by official supporting documentation, such as a notarized copy of a marriage certificate, divorce decree, or other official document.*

**NOTE:** *Under federal requirements, certification is no longer valid for any nursing assistant who has had a lapse of twenty-four (24) consecutive months or more in the performance of paid nursing-related services. Your new employer must update your employment history by notifying the Registry when you change jobs.*

## CNA CERTIFICATION RENEWAL

Approximately sixty (60) days prior to the expiration of your Registry Certificate, you will be sent a Certification Renewal Form. To renew your certification, follow the instructions to complete the form and return it to Pearson VUE. Once the form has been processed, a new Registry Certificate will be sent to you.

**NOTE:** *The requirements for renewal of your certification include the performance of paid nursing-related services for a minimum of eight (8) hours and twenty four (24) hours of continuing education or in-services.*

# THE HHA REGISTRY

---

## CHANGE OF ADDRESS OR NAME

To change your name or address, go to <http://doh.dc.gov/node/173772> and follow the instructions to complete the change. In order to receive your renewal notification to maintain an active certification, you **MUST** inform the Board of Nursing about any changes in your name or address. Non-compliance may result in a fine.

## HHA CERTIFICATION RENEWAL

Approximately sixty (60) days prior to the expiration of your Certification, you will be sent a postcard with instructions for renewing your certification.

**NOTE:** *The requirements for renewal of your certification include the performance of paid nursing-related services for a minimum of eight (8) hours and twenty four (24) hours of continuing education or in-services including any Board mandated topics required for the renewal of your certification.*

## REGISTERING AS A HOME HEALTH AIDE

After passing both the Written/Oral and Skills exams, submit a Home Health Aide application to the District of Columbia Board of Nursing. You may access the application from the website: <http://doh.dc.gov/bon>.

After your DC Board of Nursing Home Health Aide application and criminal background check (fingerprints) have been received and approved by the District of Columbia Board of Nursing, you will be issued a certification placing you in the District of Columbia health professional licensing database.

For additional information or follow-up, you may contact the District of Columbia Board of Nursing staff at 202-442-8447.

## NURSING ASSISTANT/HOME HEALTH AIDE CERTIFICATION FREQUENTLY ASKED QUESTIONS

QUESTION	ANSWER
1. How do I become a CNA or HHA?	<ul style="list-style-type: none"> <li>You must successfully complete an approved training program and pass both portions of the examination within two (2) years of training at an approved testing site. Check the Exam Overview Section of this handbook for other options.</li> </ul>
2. May I perform the duties of a Nurse Assistant or Home Health Aide before I am certified?	<ul style="list-style-type: none"> <li>For Nurse Assistants, if you have been employed, you have 120 days (4 months) in which to become certified.</li> <li>For Home Health Aides – No, you may not be employed prior to certification.</li> </ul>
3. How do I arrange for Special accommodations?	<ul style="list-style-type: none"> <li>Special requests must be submitted and approved prior to testing. Documentation from your physician or other qualifying professional must be included with the request. Please refer to the Accommodations section of the candidate handbook for details.</li> </ul>
4. How do I decide which exam to take?	<ul style="list-style-type: none"> <li>Initially, both the Written and Skills exams must be scheduled together.</li> <li>An Oral Examination in English may be substituted for the Written examination if you have difficulty reading English. It contains ten (10) reading comprehension questions in which you must identify job-related words.</li> </ul>

## NURSING ASSISTANT/HOME HEALTH AIDE CERTIFICATION FREQUENTLY ASKED QUESTIONS

QUESTION	ANSWER
5. Is there a time limit in which I must pass both exams?	<ul style="list-style-type: none"> <li>• For the Nurse Assistant currently working in a healthcare setting, you have 4 months to become certified.</li> <li>• For all other Nurse Assistants and Home Health Aide applicants, you must pass both exams within 24 months of the completion of your training program.</li> </ul>
6. Can I register for an exam or check my scores online?	<ul style="list-style-type: none"> <li>• Registration must be done by mail.</li> <li>• Results are given to each candidate at the test site for each examination taken.</li> <li>• For the HHA - If you passed both parts of the examination, your name will be placed on the list sent to DC Board of Nursing. You may then submit an application to DC Board of Nursing for certification.</li> </ul>
7. What form of payment do you accept and may I take it to the test site?	<ul style="list-style-type: none"> <li>• All payments (money order, company check, or credit card) must be sent with the application to the American Red Cross prior to scheduling an exam. NO form of payment will be accepted at the test site.</li> </ul>
8. What is the next test date?	<ul style="list-style-type: none"> <li>• Contact the American Red Cross (ARC)</li> </ul>
9. How long will it take me to find out if I passed or failed?	<ul style="list-style-type: none"> <li>• Score Reports are provided the day of the examination. If the site experiences technical difficulties with faxing answer sheets, they will be sent to Pearson VUE for hand scoring and results will be mailed or emailed within 5-7 business days after testing.</li> </ul>

## NURSING ASSISTANT/HOME HEALTH AIDE CERTIFICATION FREQUENTLY ASKED QUESTIONS

QUESTION	ANSWER
10. How do I verify my certification status?	<ul style="list-style-type: none"> <li>You can verify your certification status for Home Health Aide online after the application is completed and submitted. You may view your certification status at: <a href="https://app.hpla.doh.dc.gov/mylicense">https://app.hpla.doh.dc.gov/mylicense</a></li> </ul>
11. How do I change my name and/or address?	<ul style="list-style-type: none"> <li>CNA – Check with Pearson VUE.</li> <li>HHA - Go to the DC Department of Health website and follow the instructions: <a href="http://doh.dc.gov/node/173772">http://doh.dc.gov/node/173772</a></li> </ul>
12. How long is my certification active?	<ul style="list-style-type: none"> <li>CNA – The expiration date is on your certification paper.</li> <li>HHA – Once your certification is active, your certification will remain current until the expiration set by the DC Department of Health. A Renewal Notice will be sent to your address on file 60 days prior to your expiration date.</li> </ul>
13. My certification expired. How do I renew it or become certified again?	<ul style="list-style-type: none"> <li>Nurse Assistants and Home Health Aides must retrain and retest when the certification has expired more than 24 months.</li> <li>• Nurse Assistants and Home Health Aides who have expired certifications less than 24 months may reinstate the certification by providing proof of the performance of nursing services for pay and twenty four (24) continuing education hours.</li> </ul>

**REQUEST FOR DUPLICATE SCORE REPORT  
OR HANDSCORED ANSWER SHEET**

**DIRECTIONS:**

You may use this form to request that Pearson VUE send a duplicate copy of your Score Report or to request a hand-score of your Written (or Oral) Examination or Skills Evaluation answer sheet. Please print or type all information on the reverse side of this form and include correct fees, or your request will be returned. Check the service requested:

**Duplicate Score Report**

**Handscore**

**FEE:**

\$15 each. Please enclose a certified check or money order made payable to “Pearson VUE Processing Center”. Do not send cash. Write the Pearson VUE identification number found on your Score Report or your Social Security number on your payment.

**SEND TO:**

DC Nursing Assistant – Reports  
**Pearson VUE**  
PO Box 13785  
Philadelphia, PA 19101-3785

**AMOUNT ENCLOSED:**

\$ \_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES OF THIS FORM**

**PLEASE COMPLETE THE FOLLOWING FORM WITH YOUR CURRENT NAME AND ADDRESS. ALL INFORMATION MUST BE COMPLETE AND ACCURATE TO ENSURE PROPER PROCESSING.**

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel. ( \_\_\_\_\_ ) \_\_\_\_\_ Pearson VUE Identification Number or Social Security Number \_\_\_\_\_

**IF THE ABOVE INFORMATION WAS DIFFERENT AT THE TIME YOU WERE TESTED, PLEASE INDICATE ORIGINAL INFORMATION.**

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel. ( \_\_\_\_\_ ) \_\_\_\_\_

I hereby authorize Pearson VUE to send to me at the address above a duplicate copy of my Score Report or the handscored results of my Written (or Oral) Examination or Skills Evaluation.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES OF THIS FORM**

**District of Columbia  
Nursing Assistant and  
Home Health Aide**

**CHANGE OF ADDRESS OR NAME**

**DIRECTIONS:**

Use this form to inform the Registry of your change of address or name. Please print or type all information on the reverse side of this form. Be sure to provide all information, or your request cannot be filled.

For name changes you must also provide written documentation of your name change. See back of this form for details.

**SEND TO:**

**DC Nursing Assistant Registry**  
Pearson VUE  
PO Box 13785  
Philadelphia, PA 19101-3785

**PLEASE COMPLETE OTHER SIDE OF THIS FORM**

**PRINT YOUR NEW NAME AND ADDRESS BELOW.**

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel. ( \_\_\_\_\_ ) \_\_\_\_\_

**PLEASE PRINT YOUR OLD NAME AND ADDRESS BELOW.**

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ Nursing Assistant Certification Number \_\_\_\_\_

**YOUR SIGNATURE** \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** *A notarized copy of an official document (marriage certificate or other court order) verifying your name change must accompany this request if you are notifying the DC Nursing Assistant Registry of a change in name.*

